PROGRAM-FOR-RESULTS INFORMATION DOCUMENT (PID)
CONCEPT STAGE

Report No.: PID0036907

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<th>Program Name</th>
<th>IMPROVING ACCESS AND QUALITY OF HEALTH CARE FOR THE RURAL POPULATION</th>
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<td>Health Nutrition and Population</td>
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<td>Lending Instrument</td>
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<td>Republic of</td>
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I. Introduction and Context

1. Although health indicators have improved over the last decades, challenges remain. The general population now has a life expectancy of 74.8 years for men and 80.5 for women. The infant mortality ratio declined from 31 per 1,000 live births in 1990 to 17.6 per 1,000 live births in 2014. This 43 percent reduction brings infant mortality in Panama to be below the Latin American and Caribbean (LAC) regional average of 19.2 per 1,000 live births, but remains insufficient to achieve Millennium Development Goal (MDG) 4, which proposed a two-thirds reduction. While the maternal mortality ratio decreased from 92 per 100,000 live births in 1990 to 85 per 100,000 live births in 2013, Panama is still far from reaching the MDG 5 target of reducing maternal mortality by three quarters. Despite significant progress, outcomes are still below what would be expected with averages that hide large differences between urban and rural areas.

2. Inequality is still significant in Panama; geographic, cultural, and financial factors have lead to lower health outcomes in individuals from rural and indigenous households. According to the 2009 National Sexual and Reproductive Health Survey, 1 95.9 percent of women received prenatal care during their last pregnancy. However, this proportion was 99.1 percent in urban areas and only 76.9 percent in the comarcas, where indigenous populations

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1 The 2009 National Sexual and Reproductive Health Survey is the latest survey available.
live. The same 2009 survey reported that 88.6 percent of total population received skilled health professional services for the delivery. By 2011, the situation had not substantially changed; while the proportion of skilled birth attendance for the country was 93.5 percent, it was just 51.3 percent for the comarca Ngabe Bugle, and 44.6 percent for the comarca Embera. The combination of limited prenatal care services, lower proportions of skilled birth attendance, and, perhaps most notably, the lack of a reliable rural referral network contributed to rural maternal mortality ratios that were six times higher (120 per 100,000) than those in urban areas (20 per 100,000). In some comarcas (Kuna Yala, at 2.3 per 1,000; and Ngäbe Buglé, at 2.5 per 1,000) maternal mortality rates were 12 times higher than in urban areas. The infant mortality ratio illustrates a similar situation. Almost all provinces have rates below 20 deaths per 1,000 live births except for four provinces that have extraordinarily high rates—Bocas del Toro at 30.26 percent, comarca Guna Yala at 30.37 percent, comarca Ngabe Bugle at 32.65 percent, and comarca Darien at 23.66 percent. All four of these provinces are inhabited by predominantly rural and indigenous communities.

3. Health system are also facing challenges responding to the changing epidemiological profile of the population, especially in rural areas. In Panama, the number of years lost due to disability and death, or disability-adjusted life years (DALYs), associated with non-communicable diseases (NCDs) have increased by 77 percent since 1990. This is not just an urban phenomenon. In fact, the growing burden of NCDs disproportionately affect rural populations: While reliable prevalence of NCD in rural areas is not available, in 2012 mortality rates due to cardiovascular and cerebrovascular diseases was much higher in provinces with high proportion of rural population (100% higher in Los Santos - 68.2% rural population and 50% higher in Herrera -45.9% rural population - INEC) compare with provinces with low proportion of rural population (Panama 6.3% rural population and Panama Oeste 19.7%)

II. Program Development Objectives

4. The proposed Program Development Objective (PDO) is to improve the access to and quality of basic health care for the rural population in Panama.

III. Program Description

5. Over the last two decades, the Government of Panama has implemented several interventions and initiatives to increase access to health services in rural populations, especially among comarcas. The focus of these interventions and the geographic distribution were in many ways fragmented and driven by different financiers, each one supporting specific projects or areas of intervention. Despite significant improvements in infant health, progress on maternal health has been limited and little has been done regarding the growing NCD challenge. In this

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2 Contraloría General de la República, Instituto Nacional de Estadística y Censo (INEC), 2013.
context, the Government of Panama, within the strategic directions of the National Health Policies 2016–2025, is designing a new comprehensive health program for the rural population that builds on lessons learned to reduce the fragmentation of the previous approach, expand the focus on NCDs, and link primary health care with the referral/counter-referral networks (integrated networks).

6. This Government program will serve as the policy framework and the operational structure for the proposed Bank Operation. The improvement in access to basic health care that has already been seen under this program is likely linked to the increase in rural population receiving a standard package of basic health care services, as well as the expansion of the basic package of services offered to this population. The current approach, which mainly focuses on maternal and infant health services, would be expanded to better respond to the new health needs of the population by including health promotion and the prevention and treatment of NCDs most prevalent in rural areas. Improvements in the quality of health services would be supported through updated clinical guidelines and quality control mechanisms, and by supporting access to secondary care when needed (referral/counter-referral system). The proposed Project would also contribute to the PDOs of the Indigenous People Project (Support for the National Indigenous Peoples Development Plan - P157575), which is currently under preparation, by improving access to basic health and water and sanitation services.

IV. Initial Environmental and Social Screening

Identification Mission of Social and Environmental Screening to take place in September 2016.

V. Tentative Financing

Source: ($m.)
Borrower/Recipient 100
IBRD IDA
Others (specify)

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